

**LEXINGTON COMMUNITY EDUCATION**  
**251 Waltham Street, Lexington , MA 02421**  
**Phone: (781) 862 8043 Fax: (781) 861 2440**  
**info@lexingtoncommunityed.org**

**LHS DRIVER EDUCATION COURSE REGISTRATION FORM**  
 (please complete this form in ink)

Student Legal Name \_\_\_\_\_ Street \_\_\_\_\_  
 Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father's Surname \_\_\_\_\_ Mother's Surname \_\_\_\_\_  
 Student cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Do you have a learner's permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Permit # \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
 Name of High School \_\_\_\_\_

Date Received: _____
Ck # _____
Entered in FMP _____

**Please make your checks for \$525 payable to Lexington Community Education or provide your CREDIT CARD information (VISA or Master Card only)**

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Exp. Date:  /  V-Code:  (final 3 # on back)

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_

**LCE POLICY FOR DRIVER'S EDUCATION CLASS**

**As a student of the Lexington Community Education Driver's Education program, I agree to and understand the following rules:**

- My age at the time of this registration is 15 years, 9 months or older.
- There are no refunds after 30 days from receipt of reg. PLEASE make sure this class does not interfere with any of your after-school activities.
- I must complete 30 hours classroom time and 18 hours of on-road instruction in order to be eligible to receive a Driver's Ed certificate from the Registry of Motor Vehicles. If I miss a class for any reason, I must make-up the missed class in a subsequent month. If I do not attend a make-up class for each and every missed class, I will be ineligible to pass the course.
- Tardiness and/or early departure from any session will count as an absence.
- The instructor has the authority to drop any student from the program who is disruptive, and the student will be ineligible for a refund.
- I understand that completion of this process will take up to 3 to 4 months.
- I have read and agree to the LCE Driver's Ed policies above.

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please go to the LCE website -- [www.lexingtoncommunityed.org](http://www.lexingtoncommunityed.org) -- for the class times & dates. Once you have chosen the class that best suits your personal schedule, fill in the dates below:

	<b>MONTH of class</b>	<b>Start Date</b>
<b>FIRST Choice</b>		

**HOW TO REGISTER**

Please complete this form and sign it. You may mail, fax or hand deliver it to the LCE office, located in the main office of LHS. Please send check or credit card information along with the completed registration form to Lexington Community Education at 251 Waltham St, Lexington, MA 02421, fax (781) 861-2440.

**Refund Policy: No refunds after 30 days. Non-transferable.**